

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM STO-670)

SERIAL NO.

FILING DATE

APPLICANT/ET

CLAIMS

	AS FILED		AFTER 1st ALLOWANCE		AFTER 2nd ALLOWANCE	
	ENO.	O.F.	ENO.	O.F.	ENO.	O.F.
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TOTAL ENO.	1					
TOTAL O.F.	9					

ENO.	O.F.	ENO.	O.F.	ENO.	O.F.
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TOTAL ENO.					
TOTAL O.F.					